

Rose of Sharon Care Services Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Rose of Sharon Care Services is a Domiciliary Care Agency that is registered to provide personal care to people living in their own homes. People who used the service had a range of support needs related to old age, dementia and physical disabilities. At the time of our inspection the service supported 10 people with personal care.

People's experience of using this service:

People confirmed what the provider told us at the time of our inspection, that there had been difficulties maintaining the service to a good standard in late 2018 due to staffing difficulties. The provider had recognised action was needed and had reduced the size of the service provided so that people received a more timely and better standard of care. The provider does need to embed these improvements to ensure that there is no repeat of the difficulties encountered previously, and the standard of care is maintained.

People and their relatives told us they felt safe with care staff and staff could tell us how they should keep people safe and minimise identified risks to their safety. People and care staff told us due to recent changes the timeliness of staff in attending people's care calls and stopping for the duration of the call had improved since the previous year.

People were supported by care staff that were caring, showed compassion and expressed interest in providing good care for the people they visited. People told us they received good care and support that was based on their individual needs and preferences. Staff were knowledgeable about people, their needs and preferences and used this to develop a good relationship with the people they visited.

People were supported by care staff who had a range of skills and knowledge to meet their needs. Staff understood, felt confident and well supported in their role, although there was scope to expand their knowledge in respect of some people's health conditions. People's health was supported as staff worked with other health care providers to ensure people's healthcare needs were met.

People were supported to have maximum choice and control of their lives and staff understood that they should support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care plans reflected their needs and preferences and the staff could explain recent changes to people's care. Where there was changes in people's needs we saw these were reflected in their care plans and staff were aware of these.

People knew how to complain and that any concerns would be listened and responded to by the provider.

The registered manager saw complaints as useful feedback from which to develop and improve the service and they had taken the appropriate action to make these improvements when needed.

People, relatives and staff gave us a positive picture as to the quality of care people received, and said they could share their views with the provider.

Quality monitoring systems included audits, spot checks on staff practice and regular checks on people's satisfaction with the service they received, by surveys, phone calls or visits from the provider. The provider has systems in place to ensure they kept up to date with developments in the sector and changes in the law.

People and relatives told us the registered manager and staff were approachable, organised, listened and responded to them and acted on feedback when they shared this with them.

Rating at last inspection: The rating for the service at our last inspection was 'requires improvement' (Published on 09 June 2017).

Why we inspected: This was a planned comprehensive inspection that was due based on our scheduling targets.

Enforcement:

No enforcement action was required.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our Well-Led findings below.

Requires Improvement ●

Rose of Sharon Care Services

Detailed findings

Background to this inspection

The Inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The Inspection team consisted of two inspectors.

Service and service type:

Rose of Sharon care services are a Domiciliary Care Agency that provides personal care to people living in their own homes.

Notice of inspection:

We gave the service two days' notice of the inspection site visit as this is a small agency and the registered manager and staff may not have been available for the inspection.

What we did:

The inspection activity started on 06 February 2019 when we visited the location and ended on 08 February 2019. We visited the location to see the registered manager and staff; and to review care records and policies and procedures.

We reviewed information we had received about the service since they were registered with us. This included details about incidents the provider must notify us about, such as allegations of abuse and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about

the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We also made phone calls to three people who used the service and two relatives of people that used the service on 8 February 2019 to gather their views on the service being delivered. We also spoke with the provider (who was also the registered manager), service co-ordinator, an administrator and three care staff. We used this information to form part of our judgement.

We looked at three people's care records to see how their care was planned and delivered. Other records looked at included three recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service. Details are in the 'Key Questions' below.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm as the provider and staff understood what different types of abuse could be and steps they should take to safeguard people.
- The provider had effective safeguarding systems in place that staff understood. We saw these had been followed when the provider had identified potential abuse to people.
- People told us they felt safe with staff. One relative told us, "Yes I do feel safe with carers looking after [person's name] got to know them quite well".

Assessing risk, safety monitoring and management

- Any risks to people were identified, with staff aware of these risks and how to support people to reduce the risk of avoidable harm. People's risk assessments considered risks presented by the person's home environment.
- Staff understood the need to acknowledge people's right to risk and one member of the care staff told us, "We would let people do tasks for themselves, as we would expect".

Staffing and recruitment

- People and staff told us there was sufficient staff effectively deployed to meet people's needs. A relative told us, "Call times, can be late but sometimes unavoidable but within 15 minutes. Sometimes spot on, if going to be late [staff] do ring".
- People told us staff stayed for the agreed length of the call.
- One long-standing employee had a Disclosure and Barring Service (DBS) check, but not through the provider. We saw staff employed recently had been recruited safely with all pre-employment checks carried including (DBS) checks through the provider. The provider told us they understood the importance of ensuring they requested DBS checks prior to staff employment and to ensure staff members working history was checked.

Using medicines safely

- People told us their medicines were managed safely. One person told us, "Medicines they [care staff] do that, happy with how they look after them".
- The provider told us that there was an electronic monitoring system in place that alerted staff at the office if medicine was not given to a person on time. Staff told us this ensured people had the correct medicines and on time. We also saw medication administration records were also well documented.

Preventing and controlling infection

- People told us they received care in a way that protected them from infection. One person told us, "[care]

staff wash hands and use gloves and aprons ".

- □ Staff were knowledgeable about how to promote good infection control and one member of the care staff told us, "PPE [personal protective equipment] there is sufficient supply and we contact other staff if we need some dropped off".

Learning lessons when things go wrong

- □ The provider told us they learnt from issues that compromised the safety of the service.
- The provider told us there had been concerns about the timeliness of care calls last year and they had negotiate handing care packages back to local authorities so they could ensure they were able to meet the service's obligations safely. People told us the service had improved as a result.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- An initial assessment was completed with people to ensure care was planned and reflected people's individual needs and preferences. This was reviewed to reflect any changes in people's care. One person said, "I agreed call times with no problems with the service".
- People's assessment reflected information about protected characteristics as defined by equality legislation including for example, disability, race and sexuality.
- Staff had sufficient information to provide care which reflected people's choices and needs. Staff were knowledgeable about what people wanted and what their needs were.

Staff support: induction, training, skills and experience.

- People received effective care from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their core needs. One person told us, "With carers like this I'm quite satisfied".
- There was a system in place to monitor training to help ensure this was regularly updated so staff skills and knowledge were current. Training methods included online, face to face training and competency assessments. One member of staff told us in respect of training "[The provider] is on it", and confirmed they had received training in all core skill areas.
- Staff confirmed they could be more aware of the symptoms of diabetes and the provider told us he would provide this guidance to staff. Staff were aware that if the person seemed unwell they would seek guidance from a senior member of staff.
- Staff told us they had supervision and felt well supported by the provider and more senior staff.

Supporting people to eat and drink enough to maintain a balanced diet.

- People said they were supported when they needed assistance with food and drink in a way that reflected their personal choices and assessed needs.
- One person told us, "[Care staff] cook breakfast - most of food microwavable, this my choice. Staff listen too as to how to do things and do everything I ask".
- Staff were aware of people who may be at risk of poor nutrition and knew how they monitored these risks to ensure people had sufficient nourishment. A relative told us, "The staff leave drinks to hand. They prepare food, they do give snacks whenever [the person] wants and hot food". They said the persons appetite was poor recently and staff had responded to this.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other healthcare professionals to ensure positive outcomes for people.

- A person told us that they had some disagreements with the assessment from a health care professional but the provider was going to sort these issues out with them, and had done so in the past.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services and professionals according to their needs and agreement.
- One person told us, "[Care staff] look after me , very quick on uptake if not well they come in and check ok, say you look pale and if they are concerned they will call doctor".
- Care staff knew what to do when people needed immediate assistance from healthcare professionals.

Ensuring consent to care and treatment in line with law and guidance

- People were asked for their consent before they received any care and staff acted in accordance with their wishes. One person told us, "[Staff] respect my wishes, I get choice and I'm definitely in charge".
- Staff we spoke with had a working knowledge of how they should gain people's consent and ensure their wishes were observed when providing personal care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People, relatives and professionals were all positive about how staff provided personal care. One relative told us, "[The care staff] now they are more used to [person] more chatting, better relationship, care is quite good and staff are quite diligent and conscientious. [Person] can barely move, [care staff] adjust position, they prop [person up] with cushions, I notice these little things".
- People told us their individual preferences were considered and they were offered a choice of male or female care staff.
- The provider and staff were aware of the need to ensure people's diversity was respected and catered for and told us about training they had the same day of the inspection that taught them about, "Stereotyping and positive discrimination".

Supporting people to express their views and be involved in making decisions about their care.

- People and relatives told us the provider met with them on a regular basis to review their needs and identify any changes to the care that may be required.
- A relative told us, "Had a little review with [provider] who asked questions [about person's care]". They said their loved one was involved in this review about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us care staff treated them with respect whilst promoting their dignity, privacy and independence.
- One person said, "With carers like this I'm quite satisfied. They are clean, respectful and they know how to speak [to me] properly".
- One person told us, "[Care staff], they don't take my independence away".
- Staff could tell us how they promoted people's privacy, dignity and independence. One member of staff told us, "You close doors and curtains [when providing personal care] and give people choices, use their preferred name". One person confirmed the care staff did this telling us, "[Care staff] respect privacy - curtains and door shut when have care"

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care records showed what service people expected with details about what their needs and personalised requirements were .
- People said they received care that was personal and responsive to their needs. One person told us, "I have reviews with [the provider] where he goes through my care plan.
- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. People we spoke with told us they had copies of their records in their home and we saw there was records of reviews involving people. One person told us, "[Provider] reviews care plan with me so feel involved". People told us they were able to access their records if wished. Care plans were typed so could be provided in larger print with ease.

Improving care quality in response to complaints or concerns

- People and relatives told us concerns and complaints were listened and responded to by the provider. One person said, "Will [complain] when worth reporting and [provider] will listen to me. Can't recall [complaints], but they have been dealt with".
- The provider had a complaints policy and procedure. Written information about how to raise a complaint was available to people and they understood how to make a complaint. One person told us, "I have a copy of complaints procedure".
- People said they had a good relationship with the provider/staff and felt able to discuss concerns with them if needed. One person said, "[Care staff] had not realised [the issue], which was understandable, but once mentioned they [care staff] are now on the ball".

End of life care and support

- The provider was not catering for any person that was on an end of life pathway at the time of the inspection.
- We saw the provider did state on their website that they would offer people support when they had end of life care and we discussed with the provider offering staff with updates and training if and when appropriate to ensure they had the skills and knowledge to provide this care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture had not always supported the delivery of high-quality, person-centred care, although there was evidence of recent improvements.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We had heard from local authorities there had been some concerns from people who used the service the previous year, for example late calls and not being able to contact the service. Based on comments from people, relatives and care staff the provider had made changes to improve the service. These changes did however need to be embedded so the delivery of high-quality, person-centred care was maintained and consistent, for example ensuring people received staff they knew and liked.
- People, relatives and staff all acknowledged there had been issues with the service last year but were confident in the service at the time of the inspection telling us the service had improved. One person said, "[The provider] does expect standards and is prompt at working things out, conscientious with things that are happening to clients".
- Staff said the provider was approachable and listened with comments including, "[The provider's name] is very fair and if there is a problem they will explain".
- Staff told us about the provider's whistleblowing policy and said they were confident in raising any concerns they had if necessary.
- Concerns about individual staff performance when identified we saw had been dealt with appropriately, for example through training, supervision and where necessary, disciplinary processes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The provider had ensured we were notified of events as required by the law. We saw the previous CQC inspection rating was displayed at the provider's office but at the time not the provider's website. This matter was addressed promptly and we have seen the rating is now displayed in accordance with legal requirements on the provider's website.
- The service had a range of effective quality monitoring arrangements in place. For example, there had been development of electronic systems to ensure the office was alerted should medicines not be given so action could be taken, as well as spot checks carried out on care staff to ensure they completed safe and effective care. A person told us "[The provider's name] spot checks on staff with my permission".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked to complete regular surveys, and when practicable calls and visits were made to people to ensure they were satisfied with the service, or to ask if there was scope for improvement. A relative told us, "We have a questionnaire, every couple of months reviews and [person receiving service] is involved."

I have all the paperwork".

- Staff told us they were consulted and involved in decision making through staff meetings, supervision or contact by phone.

Continuous learning and improving care

- The provider had recognised issues with staffing last year had created difficulties in providing people with a good quality service and had taken the difficult decision to hand back many care packages to commissioners. This was so the provider could focus on improving the service for the people that continued to receive a service from them. People that used the service all acknowledged that the timeliness of their care calls had improved as a result.
- The provider had noted improvements suggested by local authority commissioners and had made changes to the service as suggested, for example, developing the clarity of people's care plans.
- The provider told us how they kept up to date with developments in practice through continuous learning and said they had recently completed their nursing degree, and was using this to cascade their knowledge to the staff team.

Working in partnership with others

- The registered manager and staff told us how they worked closely with commissioners and other health care professionals to promote joined up care between themselves and other services. A relative told us, "District nurses visit to change morphine patches but it's a team effort and staff do contact me from time to time if worried. [The provider] welcomes feedback".